



PLAN REVIEW AND APPROVAL PRE-SCREEN CHECKLIST

Applicant Name:

Project Title:

Review Fee:

Date:

Time:

Drawer # :

NOTE:

***TO BE USED FOR SUBDIVISION PLANS AND WHEN STREET PLANS
ARE REQUIRED FOR COMMERCIAL SITE PLANS.***

YES N/A NO

INITIAL SUBMITTAL CHECKLIST:

- | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Correct number of plan sets (10) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Application for Plan Review |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review Fee |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Copy of Zoning Text |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved Preliminary Plat |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Draft Final Plat (10 sets) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved Master Drainage Plan |

SECOND SUBMITTAL CHECKLIST:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All checkprints (street plans and plat) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consolidated comments letter with consultant response letter |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Original Pre-Screen Checklist |

COMMENTS:

Initial Submittal Accepted / Date: _____ / _____

Revised Submittal Accepted / Date: _____ / _____